POINT FOUNDATION
EXEMPT ORGANIZATION INFORMATION RETURNS
1988

VINCENT+ROSE INC.
CERTIFIED
PUBLIC ACCOUNTANTS

Ronald Vincent, CPA
Thomas Rose, CPA

VINCENT+ROSE INC.
CERTIFIED
PUBLIC ACCOUNTANTS

3120 Telegraph Avenue, Suite 8
Berkeley, California 94705
(415) 540-6714

November 13, 1989

Point Foundation
27 Gate 5 Road
Sausalito, CA 94965

Dear Richard,

Attached are the Annual Exempt Organization Information Returns for Point Foundation for the Year Ended December 31, 1988 as follows:

FORM NO.	RETURN	FINAL FILING DATE	PAYMENT DUE
990	U.S.	11/15/89	NONE ✓
990-T	U.S.	11/15/89	$110 ✓
109	California	11/15/89	$12 ✓
199	California	11/15/89	$10 ✓
CT-2	California	11/15/89	NONE ✓

FILING INSTRUCTIONS

The original of each return must be signed as indicated on the form, dated and filed on or before the final filing date.

U.S. Forms 990 and 990-T should be filed with the Internal Revenue Service, Ogden, Utah 84021.

California Form 199 and 109 should be filed with the Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0501

California Form CT-2 should be filed with the Registry of Charitable Trusts, P.O. Box 903447, Sacramento, CA 94203-4470

ESTIMATED PAYMENTS

Also enclosed is the California Estimated Tax Voucher for the fourth installment of calendar year 1989. File this estimate voucher along with the payment indicated by the deadline shown. Mail this voucher to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94157-0531

A Federal Estimated Tax payment is also due on the date indicated in the amount shown. Federal deposits must be made at your bank of Federal depository along with a form 8109 indicating form 990-T and fourth quarter.

QUARTER	DATE	FEDERAL	CALIFORNIA
4TH	12/15/89	$315 ✓	$235 ✓

If you have any questions, please call our office.

Sincerely,

VINCENT + ROSE, INC.
CERTIFIED PUBLIC ACCOUNTANTS

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction D.

OMB No. 1545-0047

1988

For the calendar year 1988, or fiscal year beginning , 1988, and ending , 19

Use IRS label. Otherwise, please print or type.

Name of organization
SK 94-2147154 8812 89 03 16 3 IB
POINT FOUNDATION
27 GATE 5 RD
SAUSALITO CA 94965

IRS

A Employer identification number (see instruction L): 94:2147154

B State registration number (see instruction D): 10497

C Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here ▶ ☐ (see instruction C10)

D Check type of organization—Exempt under section ▶ ☒ 501(c) (3) (insert number), OR ▶ ☐ section 4947(a)(1) trust

Check here if application for exemption is pending ▶ ☐

E Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

F Is this a group return (see instruction J) filed for affiliates? . . . . ☐ Yes ☒ No
If "Yes," enter the number of affiliates for which this return is filed ____
Is this a separate return filed by a group affiliate? . . . . . ☐ Yes ☒ No

G If "Yes" to either, give four-digit group exemption number (GEN) ▶

TAXPAYER'S COPY

H ☐ Check here if your gross receipts are normally not more than $25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some states may require a completed return.

I ☐ Check here if gross receipts are normally more than $25,000 and line 12 is $25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than $25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances

		(A) Total	These columns are optional—see instructions (B) Unrestricted/ Expendable	(C) Restricted/ Nonexpendable
Support and Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support (G) 32,487			
	b Indirect public support			
	c Government grants			
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	32,487		
	2 Program service revenue (from Part IV, line f)	854,715		
	3 Membership dues and assessments			
	4 Interest on savings and temporary cash investments	(P) 4,333		
	5 Dividends and interest from securities			
	6a Gross rents			
	b Minus: rental expenses			
	c Net rental income (loss)			
	7 Other investment income (Describe ▶)			
	8a Gross amount from sale of assets other than inventory — Securities: ; Other: (K) 95			
	b Minus: cost or other basis and sales expenses — Other: (1067)			
	c Gain (loss) (attach schedule) — Securities: See F10; Other: (Q) (972)	(972)		
	9 Special fundraising events and activities (attach schedule—see instructions):			
	a Gross revenue (not including $ ____ of contributions reported on line 1a)			
	b Minus: direct expenses			
	c Net income (line 9a minus line 9b)			
	10a Gross sales minus returns and allowances			
	b Minus: cost of goods sold (attach schedule)			
	c Gross profit (loss)			
	11 Other revenue (from Part IV, line g)	(R) 2,720		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	893,283		
Expenses	13 Program services (from line 44, column (B)) (see instructions)	797,675		
	14 Management and general (from line 44, column (C)) (see instructions)	156,040		
	15 Fundraising (from line 44, column (D)) (see instructions)			
	16 Payments to affiliates (attach schedule—see instructions)			
	17 Total expenses (add lines 16 and 44, column (A))	953715		
Fund Balances	18 Excess (deficit) for the year (subtract line 17 from line 12)	(81,101)		
	19 Fund balances or net worth at beginning of year (from line 74, column (A))	(246,136)		
	20 Other changes in fund balances or net worth (attach explanation)			
	21 Fund balances or net worth at end of year (add lines 18, 19, and 20)	(327,237)		

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for most sections 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

	Do not include amounts reported on lines 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses	22 Grants and allocations (attach schedule)	19750	19,750		
	23 Specific assistance to individuals				
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc.				
	26 Other salaries and wages	373,306	(1) 327,237	(16) 46,069	
	27 Pension plan contributions				
	28 Other employee benefits	(34) 5931	4,909	1,022	
	29 Payroll taxes	(35) 24,889	21,817	3,072	
	30 Professional fundraising fees				
	31 Accounting fees				
	32 Legal fees				
	33 Supplies	175,222	(4) 168,677	(19) 6,545	
	34 Telephone	(24) 8576		8,576	
	35 Postage and shipping	(25) 11,244		11,244	
	36 Occupancy	(26) 37,658		37,658	
	37 Equipment rental and maintenance	(22) 7,986		7986	
	38 Printing and publications				
	39 Travel				
	40 Conferences, conventions, and meetings				
	41 Interest See F11	29 2,783		2,783	
	42 Depreciation, depletion, etc. (attach schedule)	17,542		(23) 19536	
	43 Other expenses (itemize): a See F 12	266834	255,285	11,549	
	b				
	c				
	d				
	e				
	f				
	44 Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	953715	797,675	156040	

Part III Statement of Program Services Rendered

List each program service title on lines a through d; for each, identify the service output(s) or product(s), and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)

		Expenses (Optional for some organizations—see instructions)
a	PUBLICATION OF WHOLE EARTH REVIEW MAGAZINE (Grants and allocations $)	471,057
b	PILOT PROJECT WITH APPLE COMPUTERS. PUT WHOLE EARTH CATALOG ON COMPUTER DATA BASE. (Grants and allocations $)	24,893
c	WRITE WEEKLY COLUMN FOR SAN FRANCISCO CHRONICLE (Grants and allocations $)	22952
d	MAILING LIST FULFILLMENT (Grants and allocations $)	2,725
e	Other program service activities (attach schedule) See F 13 (Grants and allocations $ 19750)	276,048
f	Total (add lines a through e) (should equal line 44, column (B))	797,675

Part IV **Program Service Revenue and Other Revenue** (State nature.)

		Program service revenue	Other revenue
a	Fees from government agencies		
b			
c			
d			
e			
f	Total program service revenue (enter here and on line 2) . See F.14	854,715	
g	Total other revenue (enter here and on line 11)		2,720

Part V **Balance Sheets** If line 12 or Column (B) of line 59 is more than $25,000, complete the entire balance sheet. If line 12, Part I, and Column (B) of line 59 are $25,000 or less, you may complete only lines 59, 66, 74, and 75. See instructions.

Note: **Columns (C) and (D) are optional.** *Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.*

		(A) Beginning of year	End of year (B) Total	End of year (C) Unrestricted/ Expendable	End of year (D) Restricted/ Nonexpendable
	Assets				
45	Cash—~~noninterest bearing~~	104,548	33,674		
46	Savings and temporary cash investments Money Market	30,000	10,230		
47	Accounts receivable ▶ 50,041 minus allowance for doubtful accounts ▶ 9,000	38,314	41,041		
48	Pledges receivable ▶ minus allowance for doubtful accounts ▶				
49	Grants receivable				
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)				
51	Other notes and loans receivable ▶ minus allowance for doubtful accounts ▶				
52	Inventories for sale or use	1,575	1,575		
53	Prepaid expenses and deferred charges		4,776		
54	Investments—securities (attach schedule)				
55	Investments—land, buildings, and equipment: basis ▶ minus accumulated depreciation ▶ (attach schedule)				
56	Investments—other (attach schedule) . See F 15	14,700	14,700		
57	Land, buildings, and equipment: basis ▶ 159,085 minus accumulated depreciation ▶ 112,587 (attach schedule)	29,615	44564		
58	Other assets ▶ Deposit	185	125		
59	Total assets (add lines 45 through 58)	218,877	150685		
	Liabilities				
60	Accounts payable and accrued expenses	29,161	38,076		
61	Grants payable . See F15				
62	Support and revenue designated for future periods (attach schedule)	377,573	398,242		
63	Loans from officers, directors, trustees, and key employees (attach schedule)				
64	Mortgages and other notes payable (attach schedule) See F.15	30,000	20,000		
65	Other liabilities ▶ See F 15	28,279	21,604		
66	Total liabilities (add lines 60 through 65)	465,013	477,922		
	Fund Balances or Net Worth				
	Organizations that use fund accounting, check here ▶ ☐ and complete lines 67 through 70 and lines 74 and 75.				
67a	Current unrestricted fund				
b	Current restricted fund				
68	Land, buildings, and equipment fund				
69	Endowment fund				
70	Other funds (Describe ▶)				
	Organizations that do not use fund accounting, check here ▶ ☐ and complete lines 71 through 75.				
71	Capital stock or trust principal				
72	Paid-in or capital surplus				
73	Retained earnings or accumulated income				
74	Total fund balances or net worth (see instructions)	(246,136)	(327237)		
75	Total liabilities and fund balances/net worth (see instructions)	218,877	150685		

Part VI **List of Officers, Directors, and Trustees** (List each one whether compensated or not. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
	See F 16			

Part VII **Other Information**

		Yes	No
76	Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77	Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78	*If the organization had income from business activities, such as those reported on lines 2, 9, and 10 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*		
a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	X	
b	If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
80	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.) If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **OR** ☐ nonexempt.		X
81 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶		
b	Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	N/A	
82	Did your organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III ▶		X
83	*Section 501(c)(5) or (6) organizations.*—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) If "Yes," enter the total amount spent for this purpose	N/A	
84	*Section 501(c)(7) organizations.*—Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included in line 12, for public use of club facilities (See instructions.)		
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	N/A	
85	*Section 501(c)(12) organizations.*—Enter amount of:		
a	Gross income received from members or shareholders		
b	Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
86	*Public interest law firms.*—Attach information described in the instructions.		
87	List the states with which a copy of this return is filed ▶ CALIFORNIA		
88	During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
89	The books are in care of ▶ POINT FOUNDATION Telephone no. ▶ (415) 332-1716 Located at ▶ 27 GATE FIVE ROAD, SAUSALITO, CA		
90	*Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041.*—Enter the amount of tax-exempt interest received or accrued during the tax year ▶		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE INC. CPA's, 2120 TELEGRAPH AVE, BERKELEY, CA | ZIP code 94705

SCHEDULE A (Form 990)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust
Supplementary Information
▶ Attach to Form 990.

OMB No. 1545-0047

1988

Name: POINT FOUNDATION

Employer identification number: 94:2147154

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See specific instructions.) (List each one. If there are none, enter "None.")

Name and address of employees paid more than $30,000	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
	None			
Total number of other employees paid over $30,000 ▶				

Part II Compensation of the Five Highest Paid Persons for Professional Services (See specific instructions.) (List each one. If there are none, enter "None.")

Name and address of persons paid more than $30,000	Type of service	Compensation
NONE		
Total number of others receiving over $30,000 for professional services ▶		

Part III Statements About Activities

		Yes (1)	No (2)
1	During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the legislative activities $ _____ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.	1		X
2	During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part VI Form 990	2d	X	
e	Transfer of any part of your income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e		X
3	Do you make grants for scholarships, fellowships, student loans, etc.?	3		X
4	Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)			

POINT FOUNDATION FS 12-31-88

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (check applicable box; please check only **ONE** box):

5 ☐ [1] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ [2] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

7 ☐ [3] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ [4] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ [5] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter name, city, and state of hospital** ▶ _____

10 ☐ [6] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11 ☒ [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 ☐ [8] An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 ☐ [9] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 5 through 12 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

14 ☐ [0] An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1987	(b) 1986	(c) 1985	(d) 1984	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	35,649	38,632	47,798	1,443,399	1,565,478
16 Membership fees received	NONE	NONE	NONE	NONE	NONE
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	644577	678,919	704,739	744,047	2,772,282
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2148	3,528	5,598	15,159	26433
19 Net income from unrelated business activities not included in line 18	15640	9,244	15,792	23,285	63,961
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	11,225	11,162	15,017	49,668	87072
23 Total of lines 15 through 22	709,239	741,485	788,944	2,275,558	4,515 226
24 Line 23 minus line 17	64662	62,566	84,205	1,531,511	1,742 944
25 Enter 1% of line 23	7092	7415	7,889	22,756	
26 Organizations described in box 10 or 11: a Enter 2% of amount in column (e), line 24					34,859
b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1984 through 1987 exceeded the amount shown in 26a. Enter the sum of all excess amounts here					NONE

(Continued on page 3)

Part IV Support Schedule (continued) **(Complete only if you checked box 10, 11, or 12 on page 2.)**

27 Organizations described in box 12, page 2: NOT APPLICABLE

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:
(1987) _____ (1986) _____ (1985) _____ (1984) _____

b Attach a list showing, for 1984 through 1987, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 25 for the year or $5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:
(1987) (1986) (1985) (1984)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1984 through 1987, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire
(To be completed ONLY by schools that checked box 6 in Part IV) NOT APPLICABLE

		Yes (1)	No (2)
29	Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
30	Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Do you maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by you or on your behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Do you discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance? (See instructions.)		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Do you receive any financial aid or assistance from a governmental agency?		
b	Has your right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached separate statement.		
35	Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)		

Part VI **Lobbying Expenditures by Public Charities (see instructions)**
(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check here ▶ **a** ☐ If the organization belongs to an affiliated group (see instructions).
Check here ▶ **b** ☐ If you checked **a** and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion		
37 Total lobbying expenses to influence a legislative body		
38 Total lobbying expenses (add lines 36 and 37)		
39 Other exempt purpose expenses (see Part VI instructions)		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)		
41 Lobbying nontaxable amount. Enter the smaller of $1,000,000 or the amount determined under the following table—		
If the amount on line 40 is— / **The lobbying nontaxable amount is—**		
Not over $500,000 — 20% of the amount on line 40		
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000		
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000		
Over $1,500,000 — $225,000 plus 5% of the excess over $1,500,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)		
43 Excess of line 36 over line 42		
44 Excess of line 38 over line 41		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45–50 for details.)

	Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1988	(b) 1987	(c) 1986	(d) 1985	(e) Total
45 Lobbying nontaxable amount (see instructions)		NOT	APPLICABLE		
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

Part VII Information Regarding Transfers, Transactions, and Relationships With Other Organizations

See instructions on reverse side.

		Yes	No
51	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers of:		
	(i) Cash		X
	(ii) Other assets		X
b	Transactions:		
	(i) Sales of assets		X
	(ii) Purchases of assets		X
	(iii) Rental of facilities or equipment		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists or other assets, or paid employees		X

d If "Yes" to any of the above, complete the following schedule. The "Amount involved" column below should always indicate the value of the goods, other assets, or services given. In addition, if the organization received less than fair market value in any transaction or sharing arrangement, the column should include the value of the goods, other assets, or services received.

Line no.	Amount involved	Name of noncharitable organization	Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

Name of organization	Type of organization	Description of relationship

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. LOSS FROM SALE OF ASSETS YEAR ENDED 12-31-88

ASSET DESCRIPTION	PURCH. DATE	SALE DATE	SALES PRICE	COST	ACCUMULATED DEPRECIATION	LOSS
RICOH COPIER	6/83	/88	TRADE-IN	5497	5497	-0-
I.B.M. P.C.	7/83	/88	-0-	4804	4804	-0-
KAYPRO II COMPUTER	10/83	/88	-0-	1795	1795	-0-
COMPAQ COMPUTER	11/83	/88	95	3626	3626	95
DATAMATIC HARD DISK	2/84	/88	-0-	1050	829	(221)
COMPAQ PLUS	9/84	/88	-0-	4028	3182	(846)
			95	20800	19733	(972)

FORM 204 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

POINT FOUNDATION

F11 '12

12-31-83

DEPRECIATION SCHEDULE

19 88

Name and Address: POINT FOUNDATION

12/31/87

Social Security or Identification No.: 94-2147154

Kind of Property	Date acquired	Cost or other basis (See Note)	Depreciation allowed	Method See code	Rate (%) or life years	Depreciation for: 1988	1989	1990	1991	1992
CAMERA BODY	4/80	525	408	SL	10	53	53	11	0	6
CAMERA LENS	4/80	515	397	SL	10	52	52	14		
CANON COPIER NP400F	5/81	12587	12587	ACRS	5	0	0	0		
OFFICE EQUIP	11/82	911	911	SL	5	0	0	0		
TYPESETTER	12/82	26675	26675	ACRS	5	0	0	0		
PHONE SYSTEM	1983	30910	30745	ACRS	5	165	0	0		
LEJON SECURITY	11/83	1595	1595	ACRS	5	0	0	0		
LANG VIDEO SLIDE	12/83	2612	2612	ACRS	5	0	0	0		
COMPAQ 141803 0209	9/84	4028	3182	ACRS	5	846	0	0		
" 143003 0518	9/84	4028	3182	ACRS	5	846	0	0		
" 142 5030660	7/84	4134	3267	ACRS	5	867	0	0		
OKIDATA 92A	1/84	360	285	ACRS	5	75	0	0		
" 82A	6/84	460	364	ACRS	5	96	0	0		
MAC 512 F506 1QTM0001W	1/85	2985	173.1	ACRS	5	627	627	0		
HP THINKJET 2407A 00229	3/85	315	182	ACRS	5	66	67	0		
" " " 2502561884	3/85	315	183	ACRS	5	66	66	0		
" " " 2502562645	3/85	315	182	ACRS	5	67	66	0		
" " " 2502560776	3/85	315	183	ACRS	5	66	66	0		
TYPESETTING TERMINAL	5/86	4599	1656	ACRS	5	1011	966	966		
TYPESETTER-NEW	12/87	21458	766	MACRS (10)	7	5912	4223	3017	2154	1873
MITA 2055 COPIER	1/88	3222	0	MACRS (6)	5	644				
MAC II WITH MONITOR	2/88	2799	0	MACRS (6)	5	560				
9 TRACK TAPE DRIVE	3/88	3194	0	MACRS (6)	5	639				
MEMORY EXPANSION BOARD	3/88	451	0	MACRS (6)	5	90	5982	3589	2154	2154
21NY MAC-SE W/HARD DISC	3/88	2029	0	MACRS (6)	5	406				
21MZ MAC-SE W/HARD DISC	3/88	2030	0	MACRS (6)	5	406				
CMS-HARD DISC 31855	3/88	596	0	MACRS (6)	5	119				
PRIAM EXT DUK AVA 2800105	4/88	2130	0	MACRS (6)	5	426				
ELEK-TEK POWER SUPPLY	4/88	539	0	MACRS (6)	5	108				
C. ITOH 4000 PRINTER 8110132	5/88	1704	0	MACRS (6)	5	340				
HAYES 1200 SMARTMODEM 4127	9/83	699	699	ACRS	5	0	0	0	0	0
" " " " 4096	9/83	699	699	ACRS	5	0	0	0		
" " " " 4144	9/83	699	699	ACRS	5	0	0	0		
KAYPRO II - 37752	10/83	1795	1795	ACRS	5	0	0	0	0	0
040 TYPESETTER-ADDITION	2/88	2756	0	MACRS (6)	5	551	882			
		144984	94985			15104				

Code: SL ..... Straight Line method
DB ..... Declining Balance method
SD ..... Sum of the years-digits method
UP ..... Based on units of production
..... Other methods

NOTE: Salvage, where applicable, is indicated in brackets on following line.

() = GUIDELINE LIFE

FORM 608L
TAX FORMS SUPPLY SERVICE
LODI, CALIFORNIA 95240

POINT FOUNDATION

F 11 2/2

12-31-88

DEPRECIATION SCHEDULE

1988

Name and Address

POINT FOUNDATION

Social Security or Identification No.

94-2147154

Kind of Property	Date acquired	Cost or other basis (See Note)	Depreciation allowed	Method See code	Rate (%) or life years	Depreciation for: 1988	1989	1990		
SOFTWARE - IN HOUSE FULL	7/88	14101		SL	35 MO	4432	4835	4834		

Code: SL ..... Straight Line method
DB ..... Declining Balance method
SD ..... Sum of the years-digits method
UP ..... Based on units of production
..... Other methods

NOTE: Salvage, where applicable, is indicated in brackets on following line.

FORM 608L
TAX FORMS SUPPLY SERVICE
LODI, CALIFORNIA 95240

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. OTHER EXPENSES YEAR ENDED 12-31-88

EXPENSE		TOTAL	PROGRAM SERVICE	MANAGEMENT AND GENERAL	FUNDRAISING
Outside Professional Service	(2)	63,346	63,346	-0-	
Writers / Contributors	(3)	31,190	31,190	-0-	
Subscription Fulfillment	(5)	65,367	65,367	-0-	
Subscription Promotion	(6)	49,687	49,687	-0-	
Direct Distribution	(8)	5,938	5,938	-0-	
National Newsstand Distribution	(9)	10,511	10,511	-0-	
Mailing List Fulfillment	(10)	2,725	2,725	-0-	
Book Fulfillment	(11)	1,701	1,701	-0-	
Chronicle Column	(12)	22,952	22,952	-0-	
Miscellaneous	(13+31)	1,660	176	1,484	
Utilities	(27)	5,218	-0-	5,218	
Insurance	(20)	1,715	-0-	1,715	
Legal and Professional	(28)	3,887	-0-	3,887	
Taxes	(21)	1,498	-0-	1,498	
Bank Charges		3,039	(1) 1,692	(30) 1,347	
WELL Reimbursement	(32)	(3,600)	-0-	(3,600)	
To Part II Line 43		266,834	255,285	11,549	

FORM 204 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. STATEMENT OF PROGRAM SERVICES RENDERED YEAR ENDED 12-31-88

Point Foundation's educational purpose is served by publishing activities, newspaper column, mailing list sales, and computer projects.

The publications (Whole Earth Review, Signal and The Fringes of Reason) encourage independent learning. Books and products are reviewed which enable individuals to acquire new skills and knowledge.

Other Program Service Activities (Form 990, Part III, Line e)

Production of book - Signal	64,920
Production of book - The Fringes of Reason	54,533
Project to put the Electronic Whole Earth Catalog onto new technology	130,430
Other miscellaneous projects	6,415
Grants	19,750
	276,048

REDI MATIC FORM 209 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. PROGRAM SERVICE REVENUE YEAR ENDED 12-31-88

Mailing List	H	$	16,293
Whole Earth Review	I		486,046
Book Sales	J		23,107
Chronicle Column	K		28,600
Apple Computer Project	L		50,000
Production - Fringes Book	M		65,000
Production - Signal Book	N		65,000
EWEC New Technology Project	O		100,000
		$	834,046

REDI MATH FORM 209 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. SUPPORT SCHEDULE FOR BALANCE SHEET YEAR ENDED 12-31-88

INVESTMENTS - OTHER	
Zomeworks	30,000
Reserve for Losses	24,800
	5,200
The WELL	9,500
	14,700
SUPPORT AND REVENUE FOR FUTURE PERIODS	
Subscription Advances	398,242
MORTGAGES AND OTHER NOTES PAYABLE	
Notes Payable	20,000
OTHER LIABILITIES	
Advance from The WELL	2,796
Contract Payable	18,808
	21,604

REDI-MADE FORM 204 P REVISED 9/71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

NAME POINT FOUNDATION IDENTIFICATION NO. 94-2147154

STATEMENT NO. List of Officers and Directors YEAR ENDED 12-31-88

Part VI

Name and Address	Title & Hours/Week	Compensation	Emp Ben	Expense
Steward Brand 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
KEVIN KELLY 27 GATE 5 Road Sausalito, CA	President Full-time	32,000	None	None
Doug Carlston 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Huey Johnson 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Robert Fuller 27 Gate 5 Road Sausalito, CA	Director Part-time	None	None	None
Cindy Fugett 27 Gate 5 Road Sausalito, CA	Secretary/Treasurer Part-time	10,320	None	None

STDI MAIN FORM 209 P REVISED 9 71 ACCOUNTANT STATIONERS & PRINTERS, LOS ANGELES

(Rev. October 1988)
Department of the Treasury
Internal Revenue Service

Fiduciary and Certain Other Returns

▶ File a separate application for each return.

pires.

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): c/o VINCENT + ROSE INC.,CPA's 3120 Telegraph Ave Suite 8

City or town, state, and ZIP code: Berkeley, CA 94705

Employer identification number: 94-2147154

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004. Partnerships filing Form 1065 and trusts filing either Form 1041 or Form 1041S, use Form 8736.

1 An extension of time until November 15, 1989 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-BL	☐ Form 990-T (trust other than above)	☐ Form 1066	☐ Form 4720	☐ Form 8612
☐ Form 706GS (T)	☐ Form 990-PF	☐ Form 1041 (estate)	☐ Form 1120-ND (4951 taxes)	☐ Form 5227	☐ Form 8613
☒ Form 990	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1041-A	☐ Form 3520-A	☐ Form 6069	☐ Form 8725

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2 For calendar year 19 88, or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete the return by November 15, 1989.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1066, 1120-ND, 4720, 6069, 8612, 8613, or 8725, enter the tentative tax. See the instructions . . . . . $ NONE

b If this form is for Form 990-PF, 990-T, or 1041 (estate), enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions . . . . . $ _____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. See the instructions . . . . . $ NONE

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Joyce Boyd CPA Date ▶ 5/3/89

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

RECEIVED
256
MAY 16 1989
INTERNAL REVENUE SERVICE
FRESNO, CA

☒ We HAVE approved your application. (Please attach this form to your return.)

☐ We HAVE NOT approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

EXTENSION TO FILE APPROVED TO
NOV 15 1989
Iperon C. Polivka, Director
Fresno Service Center

JUN 26 1989
Date
89564252
By:
Director

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see back of form.

Form 2758 (Rev. 10-88)

page 738,202 12/6/88

POINT FOUNDATION F17 12-31-88

Form **990-T**
Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return

(Under Section 511 of the Internal Revenue Code) For calendar year 1988 or other tax year beginning ..... , 1988, and ending ..... , 19 .....

OMB No. 1545-0687

1988

TAXPAYER'S COPY

Please Print or Type

Name of organization: POINT FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address): 27 GATE FIVE ROAD

City or town, state, and ZIP code: SAUSALITO, CALIFORNIA 94965

A Employer identification number (employees' trust see instruction for Block A): 94 2147154

B Enter unrelated business activity codes from the lastpage of the instructions: 7389

C Check box if address changed . . . . . ▶ ☐

D Exempt under section ▶ ☒ 501(C) (3) OR ▶ ☐ 408(e)

E Check type of organization . . ▶ ☒ Corporation ☐ Trust ☐ Section 401(a) trust

F Group exemption number (see instructions for Block F) ▶

If the unrelated trade or business gross income is $10,000 or less, complete only page 1 and Part III on page 2, and sign the return. Complete all applicable parts of the form (except lines 1 through 4) if unrelated trade or business gross income is over $10,000.

Taxable Income

1	Unrelated trade or business gross income (state sources ▶ Mailing List Sales)	1	6691
2	Deductions (including net operating loss) (complete Parts I and II instead of lines 1, 2, 3, and 4 if you have gross income over $10,000)	2	2288
3	Unrelated business taxable income before specific deduction (subtract line 2 from line 1)	3	4403
4	Specific deduction (see instructions)	4	1000
5	Unrelated business taxable income (Subtract line 4 from line 3 or enter amount from line 33, page 2. If line 4 is greater than line 3, enter the lesser of zero or line 3.)	5	3403

Tax Computation

Organizations Taxable as Corporations (see Instructions for tax computation)

6 Controlled group members (sections 1561 and 1563)—Check here: ☐ and:

a Enter your share of the $50,000 and $25,000 taxable income bracket amounts (in that order):
(i) $ (ii) $

b Enter your share of the additional 5% tax (not to exceed $11,750) $

7	Income tax (See instructions to figure the tax)	7	510

Trusts Taxable at Trust Rates (see Instructions for tax computation)

8	Income tax on the amount on line 5. Use the tax rate schedules in the instructions	8	

Total Income Tax

9a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	9a			
b	Other credits (see instructions)	9b			
c	General business credit.—Check if from ☐ Form 3800 ☐ Form 3468 ☐ Form 6478 ☐ Form 6765 ☐ Form 8586	9c			
d	Credit for prior year minimum tax (attach Form 8801)			9d	
10	Total (add lines 9a through 9d)			10	
11	Subtract line 10 from line 7 or line 8			11	510
12	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			12	
13a	Alternative minimum tax ..... b Environmental tax			13c	
14	**Total Tax** (add lines 11, 12, and 13c)			14	510
15	**Payments:** a 1987 overpayment credited to 1988	15a	50		
b	1988 estimated tax payments	15b	350		
c	Subtotal (add lines 15a and 15b)	15c			
d	Tax deposited with Form 7004 or Form 2758	15d			
e	Foreign organizations—Tax paid or withheld at source (see instructions)	15e			
f	Other credits and payments (see instructions)	15f			
16	Total credits and payments (add lines 15c through 15f)			16	400
17	Enter any **penalty** for underpayment of estimated tax. Check ▶ ☐ if Form 2220 is attached			17	
18	**Tax Due**—If the total of lines 14 and 17 is larger than line 16, enter amount owed ▶			18	110
19	**Overpayment**—If line 16 is larger than the total of lines 14 and 17, enter amount overpaid ▶			19	
20	Enter the amount of line 19 you want: **Credited to 1989 estimated tax** ▶ **Refunded** ▶			20	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Date ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed ▶ ☐ Preparer's social security no.

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE TIC. CPAS, 3120 TELEGRAPH AVE BERKELEY CA

E.I. No. ▶ 94 3001952

ZIP code ▶ 94705

POINT FOUNDATION T1 12-31-88

Part I Unrelated Trade or Business Income

1a	Gross receipts or sales _____, b Less returns and allowances _____ Balance ▶	1c		
2	Cost of goods sold and/or operations (Schedule A)	2		
3	Gross profit (subtract line 2 from line 1c)	3		
4a	Capital gain net income (attach separate Schedule D) (see instructions)	4a		
b	Net gain (loss) from Part II, Form 4797 (attached)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E, line 2)	7		
8	Investment income of a section 501(c)(7), (9), (17), or (20) organization (Schedule F)	8		
9	Interest, annuities, royalties, and rents from controlled organizations (Schedule G)	9		
10	Exploited exempt activity income (Schedule H)	10		
11	Advertising income (Schedule I, Part III, Column A)	11		
12	Other income (see instructions for line 12—attach schedule)	12		
13	TOTAL—Unrelated trade or business income (add lines 3 through 12)	13		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule J)			14	
15	Salaries and wages			15	
16	Repairs (see instructions)			16	
17	Bad debts (see instructions)			17	
18	Interest (attach schedule)			18	
19	Taxes			19	
20	Contributions (see instructions)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed in Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24a	Contributions to deferred compensation plans (see instructions)			24a	
b	Employee benefit programs (see instructions)			24b	
25	Other deductions (attach schedule)			25	
26	TOTAL DEDUCTIONS (add lines 14 through 25)			26	
27	Unrelated business taxable income before allowable advertising loss (subtract line 26 from line 13)			27	
28	Advertising loss (Schedule I, Part III, Column B)			28	
29	Unrelated business taxable income before net operating loss deduction (subtract line 28 from line 27)			29	
30	Net operating loss deduction (see instructions)			30	
31	Unrelated business taxable income before specific deduction (subtract line 30 from line 29)			31	
32	Specific deduction (see instructions for line 4 of page 1)			32	
33	Unrelated business taxable income (subtract line 32 from line 31. If line 32 is greater than line 31, enter the lesser of zero or line 31.) Enter here and on page 1, line 5			33	

SCHEDULE A—COST OF GOODS SOLD AND/OR OPERATIONS (see Instructions for Part I, line 2)

Method of inventory valuation (specify) ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold and/or operations. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	TOTAL—Add lines 1 through 4b	5					

Part III Statements Regarding Certain Activities and Other Information

		Yes	No
1	At any time during the tax year, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 10 of the instructions for exceptions and filing requirements for TD F 90-22.1.) If "Yes," write in the name of the foreign country ▶ _____		X
2	Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you had any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-A, or 926.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ NONE		

The books are in care of ▶ Telephone number ▶ ( )

POINT FOUNDATION T2 12-31-88

SCHEDULE C—RENT INCOME FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY
(see Instructions for Part I, line 6)

1. Description of property	2. Rent received or accrued	3. Percentage of rent for personal property
		%
NOT APPLICABLE		%
		%
		%
		%

4. Complete for any item if the entry in column 3 is more than 50%, or if the rent is based on profit or income		5. Complete for any item if the entry in column 3 is more than 10% but not more than 50%		
(a) Deductions directly connected (Attach schedule)	(b) Income includible (Column 2 minus column 4(a))	(a) Gross income reportable (Column 2 × column 3)	(b) Deductions directly connected with personal property (Attach schedule)	(c) Income includible (Column 5(a) minus column 5(b))

Add columns 4(b) and 5(c) and enter total here and on line 6, Part I, page 2 . . . . . .

SCHEDULE E—UNRELATED DEBT-FINANCED INCOME (see Instructions for Part I, line 7)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight-line depreciation (Attach schedule)	(b) Other deductions (Attach schedule)
1			
NOT APPLICABLE			

4. Amount of average acquisition indebtedness on or allocable to debt-financed property (Attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (Attach schedule)	6. Percentage which col. 4 is of col. 5	7. Gross income reportable (Column 2 × column 6)	8. Allocable deductions (Column 6 × total of columns 3(a) and 3(b))	9. Net income (loss) includible (Column 7 minus column 8)
		%			
		%			
		%			
		%			

2 Total (enter here and on line 7, Part I, page 2) . . . . . .
3 Total dividends-received deductions included in column 8 . . . . . .

SCHEDULE F—INVESTMENT INCOME OF A SECTION 501(c)(7), (9), (17), OR (20) ORGANIZATION
(see Instructions for Part I, line 8)

1. Description	2. Amount	3. Deductions directly connected (Attach schedule)	4. Net investment income (Column 2 minus column 3)	5. Set-asides (Attach schedule)	6. Balance of investment income (Column 4 minus column 5)
NOT	APPLICABLE				

Total (enter here and on line 8, Part I, page 2) . . . . . .

SCHEDULE G—INCOME (ANNUITIES, INTEREST, RENTS AND ROYALTIES) FROM CONTROLLED ORGANIZATIONS
(see Instructions for Part I, line 9)

1. Name and address of controlled organization(s)	2. Gross income from controlled organization(s)	3. Deductions of controlling organization directly connected with column 2 income (Attach schedule)	4. Exempt controlled organizations		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under sec. 501(a), or the amount in col. (a), whichever is more	(c) Percentage which col. (a) is of col. (b)
					%
NOT	APPLICABLE				%
					%

5. Nonexempt controlled organizations			6. Gross income reportable (Column 2 × column 4(c) or column 5(c))	7. Allowable deductions (Column 3 × column 4(c) or column 5(c))	8. Net income includible (Column 6 minus column 7)
(a) Excess taxable income	(b) Taxable income, or amount in column (a), whichever is more	(c) Percentage which col. (a) is of col. (b)			
		%			
		%			
		%			

Total (enter here and on line 9, Part I, page 2) . . . . . .

SCHEDULE H—EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME
(see Instructions for Part I, line 10)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income from unrelated trade or business (Column 2 minus column 3)	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (Column 6 minus column 5, but not more than column 4)	8. Net income includible (Column 4 minus column 7)
		NOT APPLICABLE					
Total (enter here and on line 10, Part I, page 2)							

SCHEDULE I—ADVERTISING INCOME AND ADVERTISING LOSS (see Instructions for Part I, line 11)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or loss (col. 2 minus col. 3). If loss, enter in col. B, Part III. Do not complete cols. 5, 6, and 7. If gain, complete cols. 5, 6, and 7.	5. Circulation income	6. Readership costs	7. If col. 5 exceeds col. 6, enter in col. A, Part III, the gain shown in col. 4. If col. 6 exceeds col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter gain in col. A, Part III.
NOT APPLICABLE						
Totals						

Part II Income From Periodicals Reported on a Separate Basis

Part III Column A—Advertising Income

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4 or 7, Part I, and amounts listed in cols. 4 and 7, Part II
Enter total here and on line 11, Part I, page 2	

Part III Column B—Advertising Loss

(a) Enter "consolidated periodical" or names of nonconsolidated periodicals	(b) Enter total amount from column 4, Part I, and amounts listed in column 4, Part II
Enter total here and on line 28, Part II, page 2	

SCHEDULE J—COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
Steward Brand	Director	PART %	NONE
Kevin Kelley	President	FULL %	NONE
Doug Carlston	Director	PART %	NONE
Huey Johnson	Director	PART %	NONE
Robert Fuller	Director	PART %	NONE
Cindy Fugett	Secretary/Treasurer	PART %	NONE
Total (enter here and on line 14, Part II, page 2)			NONE

POINT FOUNDATION T4 12-31-88

Form

Depreciation and Amortization

OMB No. 1545-0172

1988

Attachment Sequence No. 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach this form to your return.

Name(s) as shown on return

POINT FOUNDATION

Identifying number

94-2147154

Business or activity to which this form relates

Part I Depreciation *(Use Part III for automobiles, certain other vehicles, computers, and property used for entertainment, recreation, or amusement.)*

Section A.—Election To Expense Depreciable Assets (Section 179)

(a) Description of property	(b) Date placed in service	(c) Cost	(d) Expense deduction
1			

2 Listed property—Enter total from Part III, Section A, column (h)	
3 Total (add lines 1 and 2, but do not enter more than $10,000)	
4 Enter the amount, if any, by which the cost of all section 179 property placed in service during this tax year is more than $200,000	
5 Subtract line 4 from line 3. If less than zero, enter zero. (See instructions for other limitations.)	

Section B.—Depreciation

(a) Class of property	(b) Date placed in service	(c) Basis for depreciation (Business use only—see instructions)	(d) Recovery period	(e) Method of figuring depreciation	(f) Deduction
6 Modified Accelerated Cost Recovery System (MACRS) (see instructions): For assets placed in service ONLY during tax year beginning in 1988					
a 3-year property					
b 5-year property		161		MACRS	32
c 7-year property					
d 10-year property					
e 15-year property					
f 20-year property					
g Residential rental property					
h Nonresidential real property					
7 Alternative Depreciation System (ADS)					

8 Listed property—Enter total from Part III, Section A, column (g)	
9 MACRS deduction for assets placed in service prior to 1988 (see instructions)	81

Section C.—ACRS and/or Other Depreciation

10 Property subject to section 168(f)(1) election (see instructions)	
11 ACRS and/or other depreciation (see instructions)	

Section D.—Summary

12 Total (add deductions on lines 5 through 11). Enter here and on the Depreciation line of your return (Partnerships and S corporations—Do NOT include any amounts entered on line 5.)		113
13 For assets above placed in service during the current year, enter the portion of the basis attributable to section 263A costs. (see instructions)		

Part II Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
1 Amortization for property placed in service **only** during tax year beginning in 1988					
SOFTWARE	2188	14101		35 MOS	33
2 Amortization for property placed in service prior to 1988					
3 Total. Enter here and on Other Deductions or Other Expenses line of your return					146

(Rev. October 1988)
Department of the Treasury
Internal Revenue Service

Fiduciary and Certain Other Returns

▶ File a separate application for each return.

Expires: 10-31-90

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): c/o VINCENT + ROSE INC.,CPA's 3120 Telegraph Ave Suite 8

City or town, state, and ZIP code: Berkeley, CA 94705

Employer identification number: 94-2147154

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004. Partnerships filing Form 1065 and trusts filing either Form 1041 or Form 1041S, use Form 8736.

1 An extension of time until November 15, 1989 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-BL	☒ Form 990-T (trust other than above)	☐ Form 1066	☐ Form 4720	☐ Form 8612
☐ Form 706GS (T)	☐ Form 990-PF	☐ Form 1041 (estate)	☐ Form 1120-ND (4951 taxes)	☐ Form 5227	☐ Form 8613
☐ Form 990	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1041-A	☐ Form 3520-A	☐ Form 6069	☐ Form 8725

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2 For calendar year 19 88 , or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete the return by November 15, 1989.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1066, 1120-ND, 4720, 6069, 8612, 8613, or 8725, enter the tentative tax. See the instructions . . . . . $ 400

b If this form is for Form 990-PF, 990-T, or 1041 (estate), enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions . . . . . $ 400

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. See the instructions . . . . . $ NONE

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Joyce Boyd CPA Date ▶ 5/3/89

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We HAVE approved your application. (Please attach this form to your return.)

☐ We HAVE NOT approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

RECEIVED
256
MAY 16 1989
INTERNAL REVENUE SERVICE
FRESNO, CA

AUG 18 1989

89564252

Date

Director

By: Theresa Sierra, Director
Fresno Service Center

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see back of form.

Form 2758 (Rev. 10-88)

page 738,202 12/6/88

POINT FOUNDATION T6 12-31-88

YEAR **1988**

Exempt Organization Business Income Tax Return

CALIFORNIA FORM **109**

For taxable or income year beginning MONTH JANUARY DAY 1 YEAR 1988, and ending MONTH DECEMBER DAY 31 YEAR 1988

Affix Mailing Label

California corporation or organization no.

Federal employer identification no. 94-2147154

Organization name

D-0546604 P*2** T 12

Addr POINT

27 GATE FIVE RD

City SAUSALITO CA 94965

TAXPAYER'S COPY

Corp./Org. No. | IYE

RC | DE | A

Remittance

Name and address of the trustee

Employer identification number or social security number

Nature of trade or business: MAILING LIST SALES

Form number of federal form filed: 990-T

If the unrelated trade or business gross income is $10,000 or less, complete only Side 1, state sources on line 1 or line 8, include deductions, and sign the return. Complete all applicable parts of the form if unrelated trade or business gross income is over $10,000.

Attach Remittance Here

Tax Computation

Organizations Taxable as Corporations

1	Unrelated business taxable income (Side 2, Part II, line 30)	1	3354
2	Multiply line 1 by average apportionment percentage ____ % (Schedule K, line 5)	2	
3	Net operating loss deduction (from form FTB 3805Q)	3	
4	Net unrelated business taxable income. Subtract line 3 from the lesser of line 1 or line 2	4	3354
5	Tax. Multiply line 4 by 9.3% (see General Instruction J)	5	312
6	Tax credits (Schedule B, line 8)	6	
7	Balance. Subtract line 6 from line 5. If line 6 is greater than line 5, enter zero	7	312

Organizations Taxable as Trusts

8	Unrelated business taxable income (Side 2, Part II, line 30)			8	
9	Net operating loss deduction (from form FTB 3805V)			9	
10	Net unrelated business taxable income. Subtract line 9 from line 8			10	
11	Tax on amount on line 10 (see General Instruction J)			11	
12	Tax credits (Schedule B, line 8)	12			
13	Credit for net income taxes paid to State of ____	13			
14	Total credits. Add line 12 and line 13			14	
15	Balance. Subtract line 14 from line 11. If line 14 is greater than line 11, enter zero			15	

Total Tax

16	Tax from line 7 or line 15			16	312
17	Alternative minimum tax			17	
18	Total tax. Add line 16 and line 17			18	312

Payments

19	Overpayment(s) from a prior year allowed as a credit	19			
20	1988 estimated tax payments	20	300		
21	Amount paid with application for extension of time to file return	21			
22	Total payments and credits. Add line 19 through line 21			22	300

Tax Due or Over-payment

23	**Tax due.** Subtract line 22 from line 18. Pay entire amount with return	23	12
24	**Overpayment.** Subtract line 18 from line 22	24	
25	Enter amount of line 24 to be applied to 1989 estimated tax	25	
26	Enter amount of line 24 to be refunded. Subtract line 25 from line 24	26	

Person to contact for additional information: Telephone number: ( )

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Title | Date | ▶ ( ) Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's social security no.

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE, INC. CPA's 3120 TELEGRAPH AVE, BERKELEY, CA 94705 | E.I. No. 94-3001952 | Telephone (415) 540-6714

Form 109 1988 **Side 1**

POINT FOUNDATION

X-1

12-31-88

NOT APPLICABLE -

Unrelated Business Taxable Income

UNRELATED GROSS INCOME UNDER $10,000

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales _____ b Less returns and allowances _____ Balance ▶	1c	
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	
3	Gross profit. Subtract line 2 from line 1c	3	
4	a Capital gain net income (see Specific Line Instructions) – Trusts attach Schedule D (541)	4a	
	b Net gain (loss) from Part II, federal Form 4797 (attached)	4b	
	c Capital loss deduction for trusts	4c	
5	Income (or loss) from partnerships (attach Schedule K-1 (565) or similar schedule)	5	
6	Rent income (Schedule C)	6	
7	Unrelated debt-financed income (Schedule D)	7	
8	Investment income of a Section 23701g or 23701i organization (Schedule E)	8	
9	Annuities, interest, royalties, and rents from controlled organizations (Schedule F)	9	
10	Exploited exempt activity income (Schedule G)	10	
11	Advertising income (Schedule H, Part III, Column A)	11	
12	Other income (attach schedule)	12	
13	Total unrelated trade or business income. Add lines 3 through 12	13	

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule I)			14	
15	Salaries and wages			15	
16	Repairs			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes (attach schedule)			19	
20	Contributions (see Specific Line Instructions and attach schedule)			20	
21	a Depreciation (Corporations and Associations — Schedule J) (Trusts — form FTB 3885A)	21a			
	b Less: depreciation claimed on Schedule A	21b		21	
22	Depletion (attach schedule)			22	
23	a Contributions to deferred compensation plans			23a	
	b Employee benefit programs (see Specific Line Instructions)			23b	
24	Other deductions (attach schedule)			24	
25	Total deductions. Add lines 14 through 24			25	
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 26 from line 13			26	
27	Excess advertising costs (Schedule H, Part III, Column B)			27	
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	
29	Specific deduction (see Specific Line Instructions)			29	
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 29 is greater than line 28, enter the lesser of line 28 or zero.			30	

Caution: No deduction shall be allowed for expenses incurred with respect to expenditures made at or payments made to a club which restricts membership or the use of its services or facilities on the basis of age, sex, race, religion, color, ancestry or national origin.

Schedule A Cost of Goods Sold and/or Operations Method of Inventory Valuation (specify) _____

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	a Additional IRC Section 263A costs (attach schedule)	4a	
	b Other costs (attach schedule)	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Part I, line 2.	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☐ No

Schedule B Tax Credits (Organizations with tentative minimum tax, do not complete this schedule. Use Schedule P (100) (corporations) or Schedule P (541) (trusts). See General Instruction O.)

1	Jobs tax credit (form FTB 3524)	1		
2	Energy conservation credit carryover (form FTB 3514)	2		
3	Research and development (form FTB 3523)	3		
4	Orphan drug research (form FTB 3528)	4		
5	Commercial solar energy credit and solar energy credit carryover (form FTB 3805L)	5		
6	Low Income Housing (form FTB 3521 and form FTB 3521A)	6		
7	Other credits (specify) _____	7		
8	Total. Add lines 1 through 7. Enter here and on Side 1, line 6 for corporations, or line 12 for trusts		8	

POINT FOUNDATION X2 12-31-88

Schedule C Rent Income from Real Property and Personal Property Leased with Real Property

Note: For rental income from debt-financed property, use Schedule D. R&TC Section 23701g and Section 23701i organizations — see instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
NOT APPLICABLE		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10% but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible (column 2 less column 4(a))	(a) Gross income reportable (column 2 × column 3)	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible (column 5(a) less column 5(b))

Add columns 4(b) and 5(c). Enter here and on side 2, Part I, line 6 .....

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
NOT APPLICABLE			

4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage (column 4 ÷ column 5)	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (total of columns 3(a) and 3(b) × column 6)	9 Net income (or loss) includible (column 7 less column 8)
		%			
		%			
		%			

Total. Enter here and on side 2, Part I, line 7 .....

Schedule E Investment Income of a Section 23701g or 23701i Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income (column 2 less column 3)	5 Set-asides (attach schedule)	6 Balance of investment income (column 4 less column 5)
		NOT APPLICABLE			

Enter total here and on side 2, Part I, line 8 .....

Enter gross income from members (dues, fees, charges or similar amounts) .....

Schedule F Income (Annuities, Interest, Rents and Royalties) From Controlled Organization(s)

1 Name and address of controlled organization(s)	2 Gross income from controlled organization(s)	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organization		
			(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Sec. 23701, or the amount in col. (a), whichever is greater	(c) Percentage (column (a) + column (b))
					%
NOT APPLICABLE					%
					%

5 Nonexempt controlled organizations			6 Gross income reportable (column 2 × column 4(c) or column 5(c))	7 Allowable deductions (column 3 × column 4(c) or column 5(c))	8 Net income includible (column 6 less column 7)
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage (col. (a) ÷ col. (b))			
		%			
		%			
		%			

Total. Enter here and on side 2, Part I, line 9 .....

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business (col. 2 less col. 3)	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense (col. 6 less col. 5 but not more than col. 4)	8 Net income includible (col. 4 less col. 7 but not less than zero)
	NOT APPLICABLE						

Total. Enter here and on side 2, Part I, line 10 .....

Form 109 1988 **Side 3**

POINT FOUNDATION X3 12-31-88

Schedule H Advertising Income and Excess Advertising Costs

NOT APPLICABLE

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If col. 3 is greater than col. 2, enter the excess in Part III, Col. B(b). Do not complete cols. 5, 6 and 7. If col. 2 is greater than col. 3, complete cols. 5, 6 and 7.	5 Circulation income	6 Readership costs	7 If col. 5 is greater than col. 6, enter the income shown in col. 4, in Part III, Col. A(b). If col. 6 is greater than col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter amount in Part III, Col. A(b).
Totals						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A — Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7 and amounts listed in Part II, cols. 4 and 7
Enter total here and on side 2, Part I, line 11	

Part III Column B — Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
	NOT APPLICABLE		%		
			%		
			%		
Total. Enter here and on side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts — see instructions.)

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment		NOT APPLICABLE				
Machinery and other equipment						
Other (specify) _____						
_____						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on side 2, Part II, line 21a						

Schedule K Apportionment Formula

Limited to unrelated trade or business amounts	(a) Total within and without the state	(b) Total within the state	(c) Percent within the state ((b) ÷ (a))
1 Average yearly value of real and tangible personal property whether owned or rented (see Specific Instructions)	NOT APPLICABLE		
2 Wages, salaries, and other compensation of employees			
3 Gross sales and/or receipts, less returns and allowances			
4 Total percent (sum of the percentages above)			
5 Average apportionment percentage. Line 4 x 1/3. Enter here and on side 1, line 2			

88 49511

POINT FOUNDATION

(Rel. 13-1989)

YEAR **19 88**

Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return

CALIFORNIA FORM **3504**

For bank, corporation and S corporation returns, and exempt organization information statements or returns.

California corporation number	Federal employer identification number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization name
POINT FOUNDATION

Address (number and street, including apartment number, P.O. Box or rural route)
c/o VINCENT + ROSE, INC. CPA's 3120 TELEGRAPH AVE SUITE 8

City, town or post office, state and ZIP code
BERKELEY, CA 94705

1 For income year beginning MONTH 1 DAY 1 YEAR 88, and ending MONTH 12 DAY 31 YEAR 88.
I request an automatic 7-month extension of time to file until December 15, 19 89.

2 Check type of return to be filed:
- ☐ Corporation Franchise Tax or Income Tax Return (Form 100) (including REITs, REMICs and RICs)
- ☐ S Corporation Franchise or Income Tax Return (Form 100S)
- ☒ Exempt Organization Business Income Tax Return (except trusts) (Form 109)
- ☐ Exempt Organization Annual Information Statement or Return (except trusts) (Form 199)

(Any trust that files on Form 109 or 199 must use form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.)

Note: An extension of time to file the return does not extend the time to pay the tax.

3 Does this application also cover subsidiaries to be included in a combined report? ☐ Yes ☒ No
If yes, see Instruction G.

4 Tenative tax and payments

a Total tentative tax for income year. Include alternative minimum tax. • If filing Form 100 or Form 100S the tentative tax may not be less than the minimum tax, • If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"	4a	300
b Estimated tax payments (include prior year overpayment applied as a credit)	4b	300
c Balance due with this application. Subtract line 4(b) from line 4(a)	4c	NONE

Note: This is not an extension of time for payment of tax. File this form and pay the full amount shown on line 4c on or before the original due date.

Signature. — Under penalties of perjury, I declare I am authorized by the above-named corporation or exempt organization to make this application, and to the best of my knowledge and belief it is true, correct and complete.

Joyce Boyd (SIGNATURE OF OFFICER OR AGENT) | CPA (TITLE) | 5/3/89 (DATE)

If a payment is sent with this application, mail to Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.
If no payment is sent with the application, mail to Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0550.

This section will be completed by the Franchise Tax Board if the extension is denied. You will not receive a notice if the extension is granted.

Your application for extension of time to file a return has been DENIED for the reason(s) checked below:

- ☐ The application was not submitted on or before the due date of the return.
- ☐ The total tentative tax, line 4a, either is not shown or is not sufficient (the minimum tax must have been paid if the corporation is subject to the franchise tax).
- ☐ The amount of payments and/or credits claimed does not match Franchise Tax Board records. Our records show $_____ in payments and/or credits. This amount includes any payment submitted with this form. (The payment to the Secretary of State upon qualification or incorporation may not be claimed as a tax credit.)
- ☐ Payment of the balance due on line 4c was not included with the application.
- ☐ Our records show this corporation is suspended; therefore, it does not quality for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not completely filled out and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

Note: Any payments received after the original due date of the return do not affect this determination.
If the extension is denied, see Notice of Denial (Instruction J) on Side 2.

POINT FOUNDATION X5 12-31-88

YEAR **1988**

Exempt Organization Annual Information Statement or Return

CALIFORNIA FORM **199**

For calendar or fiscal year beginning MONTH JAN | DAY 1 | YEAR 1988, and ending MONTH DEC | DAY 31 | YEAR 1988.

Use California preaddressed label if one was mailed to you. Otherwise, please print or type.

California corporation number	Federal employer identification number
D-0546604	94-2147154

Corporation/Organization name: POINT FOUNDATION

Address (number and street): 27 GATE FIVE ROAD

City or town, state and ZIP code: SAUSALITO, CALIFORNIA 94965

A Is the organization:
☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)
If a box is checked, enter date _____

B Check here if this is an approved group report of affiliated organizations: ☐ Yes

C Check forms filed this year: State: ☒ 109 ☐ 100 ☐ 100S
Federal: ☒ 990 ☒ 990T ☐ 990PF ☐ 1041 ☐ 5227 ☐ 1120H ☐ 1120

D If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization or is controlled by a religious organization, check box. (See Instruction C. No filing fee required.) ● ☐

Churches, religious orders and organizations with gross receipts of less than $25,000, see instructions below.

TAXPAYER'S COPY

1	Enter the organization's gross receipts. This line must be completed. **Caution:** See the instructions for federal Form 990 to determine the organization's gross receipts. Homeowners' associations, see Instruction B.	1	893,283
2	Filing fee – $10.00 (see Instruction C)	2	10
3	**Penalty for failure to file on time (see Instruction G)**	3	
4	Balance Due. Add line 2 and line 3	4	10

5 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "yes," complete and attach form FTB 3509 ☐ Yes ☒ No

6 Did the organization have any changes in its activities, governing instrument, articles of incorporation or bylaws which have not been reported to the Franchise Tax Board? ☐ Yes ☒ No

7 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "yes," enter amount of gross receipts from nonmember sources. $ _____
Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No
If "yes," enter amount of total income reported. $ 3354

Please Sign Here

Important: You must attach a copy of federal Form 990 and the federal income tax return and schedules the organization filed with the Internal Revenue Service. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer _____ Date _____ ▶ Title _____ Daytime telephone _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Preparer's social security no. _____

Firm's name (or yours, if self-employed) and address ▶ VINCENT + ROSE, INC CPAS
3120 TELEGRAPH AVE BERKELEY CA 94705
E.I. no. 94-3001952
Daytime telephone (415) 540-6714

1988 Instructions for Filing Form 199

California Exempt Organization Annual Information Statement or Return

References in these instructions are to the Internal Revenue Code (IRC) and to California Revenue and Taxation Code (R&TC).

The 1988 Form 199 is substantially different from prior year's forms. Complete Form 199 and attach a copy of your federal Form 990, Return of Organization Exempt from Income Tax. If the organization is exempt under R&TC Section 23701v, attach federal Form 1120, U.S. Corporation Income Tax Return, or 1120H, U.S. Income Tax Return for Homeowners' associations, in lieu of federal Form 990.

Important
If you are not required to file federal Form 990, you are not required to file Form 199. Beginning with calendar year 1988, churches or religious orders and organizations with gross receipts normally less than $25,000 are not required to file Form 199. However, private foundations are required to file Form 199 even if gross receipts are less than $25,000.

Caution: Homeowners' associations exempt under R&TC Section 23701t have separate filing requirements. See Instruction B.

A Purpose of Form

Form 199 is used by tax exempt organizations, organized and operated under R&TC Section 23701, to provide the Franchise Tax Board with required information. Except for certain types of organizations, an annual return on Form 199 is required from every organization exempt from tax under IRC Section 501(c).

B Homeowners' Associations

Homeowners' associations exempt under R&TC Section 23701t include condominium management associations, residential real estate management associations and cooperative housing corporations.

Homeowners' associations must attach a copy of federal Form 1120, or federal Form 1120H. If you file Form 1120H, also attach the following information to your Form 199:

POINT FOUNDATION 51 12-31-88

(Rev. 13-1989)

YEAR **19 88**

Application for Automatic Extension of Time to File Corporation Franchise or Income Tax Return

CALIFORNIA FORM **3504**

For bank, corporation and S corporation returns, and exempt organization information statements or returns.

California corporation number	Federal employer identification number	Do Not Write In This Space
D-0546604	94-2147154	

Corporation/Organization name
POINT FOUNDATION

Address (number and street, including apartment number, P.O. Box or rural route)
c/o VINCENT + ROSE, INC. CPA's 3120 TELEGRAPH AVE SUITE 8

City, town or post office, state and ZIP code
BERKELEY, CA 94705

1 For income year beginning MONTH 1 DAY 1 YEAR 88, and ending MONTH 12 DAY 31 YEAR 88.
I request an automatic 7-month extension of time to file until December 15, 19 89.

2 Check type of return to be filed:
- ☐ Corporation Franchise Tax or Income Tax Return (Form 100) (including REITs, REMICs and RICs)
- ☐ S Corporation Franchise or Income Tax Return (Form 100S)
- ☒ Exempt Organization Business Income Tax Return (except trusts) (Form 109)
- ☐ Exempt Organization Annual Information Statement or Return (except trusts) (Form 199)

(Any trust that files on Form 109 or 199 must use form FTB 3503, Application for Automatic Extension of Time to File Partnership, Fiduciary and Certain Exempt Organization Returns.)

Note: An extension of time to file the return does not extend the time to pay the tax.

3 Does this application also cover subsidiaries to be included in a combined report? ☐ Yes ☒ No
If yes, see Instruction G.

4 Tentative tax and payments

a Total tentative tax for income year. Include alternative minimum tax.
- If filing Form 100 or Form 100S the tentative tax may not be less than the minimum tax,
- If filing Form 109 and/or Form 199 and if no tax is due, enter "NONE"

4a		300
b Estimated tax payments (include prior year overpayment applied as a credit)	4b	300
c Balance due with this application. Subtract line 4(b) from line 4(a)	4c	NONE

Note: This is not an extension of time for payment of tax. File this form and pay the full amount shown on line 4c on or before the original due date.

Signature. — Under penalties of perjury, I declare I am authorized by the above-named corporation or exempt organization to make this application, and to the best of my knowledge and belief it is true, correct and complete.

Joyce Boyd (SIGNATURE OF OFFICER OR AGENT) | CPA (TITLE) | 5/3/89 (DATE)

If a payment is sent with this application, mail to Franchise Tax Board, P.O. Box 942857, Sacramento, CA 94257-0551.
If no payment is sent with the application, mail to Franchise Tax Board, P.O. Box 942857, Sacramento, Ca 94257-0550.

This section will be completed by the Franchise Tax Board if the extension is denied. You will not receive a notice if the extension is granted.

Your application for extension of time to file a return has been DENIED for the reason(s) checked below:
- ☐ The application was not submitted on or before the due date of the return.
- ☐ The total tentative tax, line 4a, either is not shown or is not sufficient (the minimum tax must have been paid if the corporation is subject to the franchise tax).
- ☐ The amount of payments and/or credits claimed does not match Franchise Tax Board records. Our records show $_____ in payments and/or credits. This amount includes any payment submitted with this form. (The payment to the Secretary of State upon qualification or incorporation may not be claimed as a tax credit.)
- ☐ Payment of the balance due on line 4c was not included with the application.
- ☐ Our records show this corporation is suspended; therefore, it does not qualify for an extension.
- ☐ We have no record of this corporation having exempt status.
- ☐ The application was not completely filled out and/or signed.
- ☐ No extension beyond seven months may be granted.
- ☐ Other (explain): _____

DENIED BY: (Initial and Date)

Note: Any payments received after the original due date of the return do not affect this determination.
If the extension is denied, see Notice of Denial (Instruction J) on Side 2.

POINT FOUNDATION X5 12-31-88

Detach Here

FORM **CT – 2** (REV. 12-87)
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone (916) 445-2021

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA
Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of $300 or more.

ACCOUNTING PERIOD — For the Year Beginning JANUARY 1, 19 88 and Ending DECEMBER 31, 19 88

If address changed check here . . . ▶ ☐ and show changes below ▼

10497 YEAR ENDED DEC 31, 1988 L

POINT
27 GATE 5 ROAD
SAUSALITO CA 94965

State Charity registration number CT 104917

Corporate or Organization No D-0546604

	Yes	No
A. Is the organization exempt from federal income tax? If "no", attach explanation. See instructions.	X	
B. Is this entity a split-interest trust?		X

TAXPAYER'S COPY

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

☒ This entity is **not** a private foundation. **We have attached** a completed copy of IRS Form 990, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Complete Part II below.

☐ This entity is a private foundation. **We have attached** a completed copy of IRS Form 990-PF and related attachments. Complete Parts II and III below.

PART IA ACTIVITIES	Yes	No
Are the program activities of this entity limited solely to grantmaking?		X

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT		Yes	No
1 Was 50% or more of your total revenue from government grants? (See line 1 instructions)	1		X
If "yes", attach a schedule showing the agency(s) name, address, purpose of the grant and the amount. List only the four different government agencies that provide the largest amounts.			
2 Were you audited by any government agency which resulted in audit exceptions in excess of $50,000 being taken?	2		X
If "yes", attach a copy of the audit report(s), and enter here the total amount involved . . . . . 2a $			
3 Did an independent public accountant issue a report on your financial statements?	3	X	
If "yes", enter here: Accountant's Name VINCENT + ROSE INC CPA Telephone (415) 540-6714			
4 Is any of your property held in the name of or commingled with the property of any other organization or person, **other than** Pooled Investment Funds?	4		X
If "yes", attach justification, including value of assets commingled.			
5 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	5		X
If "yes", attach a detailed explanation and enter here the total amount involved . . . . . 5a $			
6 Did you donate anything to an **organization** that is **not** tax-exempt under Section 501 (c) (3) or 501 (c) (4) of the IRC?	6		X
If "yes", attach explanation and enter here the fair market value of the donation . . . . . 6a $			
7 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10.	7		X
8 Were you or any of your officers, directors or trustees a party to any court action in which there was an alleged breach of trust? If "yes", attach explanation.	8		X
9 Did you pay or incur any tax-related penalty, fine or judgment?	9		X
If "yes", attach an explanation and enter here the total amount involved. . . . . 9a $			

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (See instructions) | Printed Name | Title | Date

PAGE 1, Original—Mail to: Registry of Charitable Trusts

POINT FOUNDATION CT-1 12-31-88

	Yes	No
10 Did you receive $10,000 or more in direct public support (Form 990, line 1 (a) or included in Form 990-PF, Part I, line 1)? **10**	X	
If "yes", enter the following amounts:		
(a) Direct support from the general public **10a** 887,202		
(b) Foundation and trust grants **10b**		
(c) Corporate and other business grants **10c**		
(d) Bequests **10d**		
(e) Total direct public support (add lines a through d) **10e** 887 202		
11 Did you contract with or use the services of an independent professional fund raiser? If "yes", complete Part IV (Form CT-2). . . **11**		X
12 Did your invested assets total $50,000 or more? If "yes", complete Part V (Form CT-2) (See line 12 instructions) **12**		X
13 Did you receive any income from any bingo game? **13**		X
If "yes", enter here the gross revenue obtained from the bingo game(s) whether or not all such monies were received by your organization. . . . . **13a** $		
14 Employee compensation of the five highest paid employees:		
(a) Did any individual employee receive salary plus employer contribution to employee benefit plans, expense account or other allowance in excess of $100,000? **14a**		X
(b) Other than salary, was compensation, bonuses or other benefits not listed in (a) above of $10,000, or more, paid any employee? **14b**		X
(c) Did any employee receive the benefit of a residence for personal use which was owned or leased by the organization? **14c**		X
(d) Did the organization lease, rent or purchase any equipment, property, or facility to or from an employee or any business entity in which the employee had any financial interest? **14d**		X
If "yes", enter here the total amount involved . . . . **14d** $		
(e) Did the organization make any loans in excess of $5,000 to any employee? **14e**		X
If any of questions 14(a), (b), (c), (d), or (e) are answered "yes", attach the organization's employment contract with the employee(s), copies of any contracts or agreements with the employee(s) and specific details to fully explain any "yes" response.		
15 Did you make any payments to independent consultants or contractors **other than** for (a) fundraising, (b) accounting, (c) legal fees, (d) investment fees? **15**		
If "yes", attach a schedule which shows each payee's name and address and specifies the amount and purpose of each payment; enter here the total of all such payments . . . . **15a** $		

16 If you incurred or paid any of the following taxes and/or related penalties, enter the amounts in the blanks provided.

	Tax	Penalty
a Payroll **16a**	24889	
b Sales (on items you sold) **16b**	167	
c Personal Property **16c**	1331	
d Real Estate **16d**		
e Unrelated Business Income **16e**	650	

(17–30 not currently in use)

Detach Here

POINT FOUNDATION CT-2 12-31-88

Detach Here

PART III ADDITIONAL INFORMATION FROM PRIVATE FOUNDATIONS ONLY

	Yes	No
31 Did you file a Form 4720 with the Internal Revenue Service? 31		
If "yes", attach a copy of Form 4720 and enter here the amount of total taxes paid with that return 31a		

(32–39 not currently in use)

PART IV PROFESSIONAL FUND-RAISERS (PFR) (SEE QUESTION 11) NOT APPLICABLE

	EVENT # 1	EVENT # 2	EVENT # 3	TOTAL
40 Brief Description of Campaign, Drive or Event				
41 Date or Period Covered				
42 Name of PFR				
43 Address of PFR				
44 Total Public Donations *			44	
45 All Payments to PFR			45	—
46 All Other Fund-Raising Expenses			46	—
47 Net Proceeds (Line 44 Less 45 and 46)			47	

(48–59 not currently in use) * On line 44, do **not** deduct any costs from gross donations.

NOTE: If more than three events, attach a schedule using the same format and include amounts in Part IV totals.

PART V SUMMARY OF INVESTMENTS TOTALING $50,000 OR MORE (SEE QUESTION 12) NOT APPLICABLE

60 Securities, beginning of year at cost (990, line 54(A) or 990-PF, Part II, line 10(A))	60	
61 Securities acquired, at cost or original basis	61	
62 Securities sold, at cost or original basis (may include sales expenses)	62	—
63 Securities, end of year at cost (990, line 54(B) or 990-PF, Part II, line 10(B))	63	
64 Securities, end of year at market value	64	
65 Sum of all gains on sales during the year	65	
66 Sum of all losses on sales during the year	66	—
67 Dividends and interest from securities (990, line 5 or 990-PF, Part I, line 4(A))	67	
68 Total return realized (line 65 less line 66, plus line 67)	68	
69 Less investment counsel fees	69	—
70 Net return realized from investments in securities (line 68 less line 69)	70	

Has this organization engaged in, purchased, sold or held during the year:	Yes	No
71 Investments (any type) which produce no current income? 71		
72 Investments (any type) worth one half or less of original basis? 72		
73 Securities on margin? 73		
74 Warrants, puts, calls, options, commodity futures, or short sales? 74		
75 Stocks rated "Speculative Grade" by Moody's, or ranked "B–" or lower by Standard & Poor's? 75		
76 Securities not publicly traded? 76		
77 Municipal bonds or similar tax-exempt securities which yield less than taxable securities? 77		
78 Stock in which an officer, director or trustee owns 10% or more of the outstanding shares? 78		

If "yes" on any line from 71 through 78, attach a full explanation.

Form (Rev. October 1988)
Department of the Treasury
Internal Revenue Service

pp ica ion or x ension of Time o File
Fiduciary and Certain Other Returns

▶ File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-90

Please type or print. File the original and one copy by the due date for filing your return. (See Instructions on back.)

Name: POINT FOUNDATION

Number and street (or P.O. Box number if mail is not delivered to street address): c/o VINCENT + ROSE INC.,CPA's 3120 Telegraph Ave Suite 8

City or town, state, and ZIP code: Berkeley, CA 94705

Employer identification number: 94-3147154

Farmers' cooperative associations filing Form 990-C, corporate exempt organizations filing Form 990-T, funds filing Form 1120-ND, political or exempt organizations filing Form 1120-POL, or S corporations filing Form 1120S, use Form 7004. Partnerships filing Form 1065 and trusts filing either Form 1041 or Form 1041S, use Form 8736.

1 An extension of time until November 15, 1989 is requested in which to file (check only one):

☐ Form 706GS (D) ☐ Form 990-BL ☐ Form 990-T (trust other than above) ☐ Form 1066 ☐ Form 4720 ☐ Form 8612 ☒ CT-2
☐ Form 706GS (T) ☐ Form 990-PF ☐ Form 1041 (estate) ☐ Form 1120-ND (4951 taxes) ☐ Form 5227 ☐ Form 8613 File numbe
☐ Form 990 ☐ Form 990-T (401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 3520-A ☐ Form 6069 ☐ Form 8725 10497

If organization does not have an office or place of business in the United States, check this box . . . . . ▶☐

2 For calendar year 19 88, or other tax year beginning _____ and ending _____

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. Information to complete the return has not yet been received. Information will be received in time to complete the return by November 15, 1989.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1066, 1120-ND, 4720, 6069, 8612, 8613, or 8725, enter the tentative tax. See the instructions . . . . . $ NONE

b If this form is for Form 990-PF, 990-T, or 1041 (estate), enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. See the instructions . . . . . $

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. See the instructions . . . . . $ NONE

Caution: *Interest will be charged on any tax not paid by the regular due date of the returns filed on forms listed above until the tax is paid.*

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Joyce Boyd CPA Date ▶ 5/3/89

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☐ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other _____

_____ Date

_____ Director
By:

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. Box number if mail is not delivered to street address)

City or town, state, and ZIP code

For Paperwork Reduction Act Notice, see back of form.

Form 2758 (Rev. 10-88)

POINT FOUNDATION CT-4 12-31-88

TAXPAYER'S COPY

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CALIFORNIA 94203-4470
TELEPHONE: (916) 445-2021

NOTICE OF PROPOSED DISALLOWANCE OF TAX EXEMPTION

Your Periodic Report was not received by the Attorney General for the year shown on the mailing label on this card.* Failure to file Form CT-2 with the required IRS return attached is a violation of Government Code section 12586.

UNLESS THE DELINQUENT REPORT IS FILED PROMPTLY, THE FOLLOWING WILL OCCUR:*

1) You will be billed for the minimum tax of $200–$800, plus interest, by the Franchise Tax Board. This tax assessment cannot be waived. (Revenue and Taxation Code section 23703.)
2) Directors and others responsible for failure to file the Periodic Report will be personally liable to pay the assessed taxes, interest, and other costs to obtain reinstatement of the tax exemption. Your charitable funds may not be used to pay these avoidable costs.
3) Your required annual accounting for your stewardship over charitable assets will still be due until filed.

You can avoid these consequences by promptly sending to this office the delinquent Form CT-2 with the attached IRS Form 990 or 990-PF. Please attach this card to the Periodic Report to assure proper credit.

* If an extension of time to report was previously requested which we did not deny in writing, then you have until the extended due date to file. However, if your report is not filed by the extended due date, then this is the only notice you will receive before the minimum tax is assessed.

CT-540 (12-87) 88 47342